



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF SOCIAL SERVICES

<input type="checkbox"/> Arroyo Grande 1086 Grand Ave. CA 93420-2505 (805) 474-2000	<input type="checkbox"/> Atascadero 9415 El Camino Real CA 93422-5513 (805) 461-6000	<input type="checkbox"/> Morro Bay 600 Quintana Rd. CA 93442-1939 (805) 772-6405	<input type="checkbox"/> Nipomo 681 W. Tefft St, Ste #1 CA 93444-7901 (805) 931-1800	<input type="checkbox"/> Paso Robles 406 Spring St. CA 93446-3126 (805) 237-3110	<input type="checkbox"/> San Luis Obispo 3433 S. Higuera St. CA 93401-8119 (805) 781-1600
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CalFresh Application/Recertification Packet Cover Letter

You were sent this packet because you applied for CalFresh or your CalFresh Recertification Period will be ending.

This packet includes optional and informational forms, if you choose to complete, please return by _____ to the Department of Social Services. At the back of the packet are some additional informational pages that CalFresh applicants and recipients need to be aware of.

Optional Forms:

- CW 2223 [Demographic Questionnaire for CW/RCA/ECA/TCVAP/CE](#) (for each adult in the home)
- DSS CF 600 [CalFresh Work Registration & ABAWD Questionnaire](#) (for each person 16 yrs or older)
- DSS CF 602 [Privacy Act and Disclosure](#)
- [NVRA Voter Preference Form](#) (for each person age 18 or older)

Informational Forms:

- SAWS 2A SAR [Rights, Responsibilities and Other Important Information](#)
 - Review the document as you will be asked questions about it. Also, if you have access to YouTube, please view the following video about your rights and responsibilities: https://www.youtube.com/watch?v=w90eVK1_yx8.
- GEN 1365 [Notice of Language Services](#)
- DSS GEN 70 [Electronic Notification Option](#)
- WINS 1 [Work Incentive Nutritional Supplement \(WINS\) Benefit](#)
- [Sample SAR 7](#)
- [How to Fill Out Your SAR 7 Eligibility Status Report](#)
- DSS CF 70, [Restaurant Meals Program Flyer](#)
- [NVRA Voter Preference Form](#)
- PUB 13 [Your Rights Under California Welfare Programs](#)
- PUB 275 [Family Planning](#)
- Voter registration card:
 - one is required to be sent to every household, but not needed to determine eligibility to benefits.

If you have any questions or concerns regarding this packet, please contact your caseworker:

Caseworker: _____

Phone Number: _____